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Editorials

From Lillian Wald to Hillary Rodham Clinton: What Will Happen to Public Health Nursing?

When Lillian Wald imagined and created an entity called "the public health nurse" a century ago, she drew upon contemporary ideas that linked nursing, motherhood, social welfare, and the public. As with many women reformers of her generation, Wald believed in a social theory and practice that historians Seth Koven and Sonya Michel have labeled "maternalist" . . . transform[ing] motherhood from women's primary private responsibility into public policy.¹ But as Karen Buhler-Wilkerson's historical assessment of Wald's accomplishments in this issue of the Journal argues, this maternalist strategy, however caring, imaginative, practical, and central to the creation of social welfare institutions, was thwarted by a changing political and cultural infrastructure.² Although we celebrate her accomplishments, Wald's vision was formed at another time of societal focus on health care reform in the United States. We now need to assess critically how our transformed political discourse and landscape will reshape public health nursing.

Wald's public health nurse was to be a link for patients not only to health care but also to full membership in the body politic. In 1941, Wald looked back on what she had tried to accomplish decades before. She argued that the nurse, through her "peculiar introduction to the patient and her organic relationship with the neighborhood," could be the "starting point" for wider service in the community. She never imagined the nurse or her agency to be working alone. This nurse, she declared, was to be linked with "all agencies and groups of whatever creed which were working for social betterment, private as well as municipal."³

Because of these connections, Wald concluded that the nurse was "best de-

scribed by the term 'public health nurse.' " By "*doing something*," as Wald put it, the public health nurse could reach and educate her patients in the broadest sense.³ It was not merely that such a nurse worked *for the public*; she was to *create a public sphere* that drew upon the diversity of cultural beliefs and societal demands of the populace.

Describing the public health nurse, Wald used the pronoun "she," not only because it was women who were drawn into nursing but also because Wald believed in the power of middle-class womanly social virtue to transform public life. When she talked about the "spiritual stimulus which lies within the power of the nurse and is, in fact, her greatest offering,"³ she did not mean some mystical power that came from either God or motherhood. Rather, she meant the moral vision and political culture that provided women with the belief that what they did on behalf of others was crucial societal work, even creating (in historian Kathryn Kish Sklar's words) a "new social compact for the society as a whole."⁴

Wald, as Buhler-Wilkerson tells us, sought to define public health nurses as the health organizers/educators of a community, convinced the Metropolitan Life Insurance Company to pay for home-based nursing for its policyholders, and created a national public health nursing service through the offices of the Red Cross. But despite her political savvy, practical skills, and moral vision, Wald could not transform the reigning paradigms of medicine nor the growing separation of curative and preventive care.

Editor's Note. See related article by Buhler-Wilkerson in this issue's Public Health Then and Now (p 1778).

Buhler-Wilkerson notes that images of the public health nurse as the "community mother" C.-E.A. Winslow described, or of the Red Cross as the "greatest mother," increasingly became old-fashioned metaphors.² Such rhetoric could not mobilize institutional support in the face of a competitive medical world, disagreements over what kind of education a nurse really needed, the increasing belief that access to more medical care would create health, and an unwillingness to pay for the care of the poor. In addition, public health nursing suffered from what historians have noted as the ironic decline in women's collective political power in the 1920s despite the passage of women's suffrage.

In our own moment of health care reform, we are not without nurses and health policy analysts who have visions like Wald's. Buhler-Wilkerson provides us with a thoughtful list of the possibilities for reform that would reinvigorate public health nursing and return it to the primary care role Wald prescribed. From the policy proposals of insiders who advised Hillary Rodham Clinton's Health Reform Task Force to the Office of Technology Assessment, and from editorials in *The New York Times* to articles in *The Yale Journal on Regulation*, the same points are emphasized over and over again: innumerable studies repeatedly show that nurses, particularly advanced practice nurses, when not restricted by the scope of practice laws, malpractice costs, admitting privileges, reimbursement procedures, and lack of prescriptive power, are capable of providing cost-effective preventive and curative care together in an appropriate, community-based manner that would have delighted and amazed even Lillian Wald.⁵⁻⁷

Trading the language of mothering for the so-called hardball terminology of economists and cost-conscious administrators, nursing is laying claim to a paradigm shift that could go a long way toward making an inadequate medical care system into a health care system that provides for all the public. Organized nursing has shown political sophistication in building cultural support for its position in a number of ways: nurses advise the Health Reform Task Force, publish crucial research studies in the professional health policy and nursing journals, and are the subject of stories in magazines as diverse as *Glamour* and *Business Week*. But is this enough?

I think not. Although studies of nursing—whether they were scientific management studies or foundation-sponsored major reports⁸—have shown for dec-

ades that nursing can provide excellent cost-effective care, this has not led to fundamental changes in the structure or power of nursing. As Wald and other nursing leaders learned, decisions in the health care system are not always made on the basis of rational economic factors. If we are to take advantage of this moment in reform we need to consider several other issues.

First, no matter what form the Clinton-backed health care reforms take, we still need to consider who counts as the "public" that public health nursing serves. If public health nursing continues to be part of both a fragmented system and a separate, poorly funded prevention system for the poor, all the centrifugal forces in our society and medical care system will spin the field further and further away from an inclusive primary care model. Wald and the other women reformers of her generation thought about the meaning of the public in a broad civic sense. We need to rethink this, too, and to open up our health care debate to concepts of accountability, public control, and civic sharing.⁹ As Buhler-Wilkerson has shown, the limited success of Wald's efforts came in part because of nursing's inability to engage with the larger infrastructure of medical care and wider social institutions.

Second, organized nursing alone cannot explain what kind of public health caregiving it can provide. Nor should it be expected to. It is time for the broader public health community as well as the public to admit that what nursing has to offer in terms of culturally appropriate preventive and primary care is not what other health care professionals always offer. As most of this Journal's readers must realize, the difficulties we face in public health are rooted in the nature of the care itself, not merely in access. If Wald's vision is ever to be realized, we must all mobilize to support nursing's expanded authority and the paradigm shift it can provide.

Third, while words like "community mother" or "greatest mother" could hardly be uttered today in the same breath as "public health nurse," how we as a society respond to the value of caring and the belief in the importance of what we still consider to be "women's work" needs to be addressed. I am not suggesting that nursing wrap itself once again in maternalist language. Nor should we expect, as we so often do, that public health nurses will cover the cracks in our medical care system in the name of caring. But if we do not acknowledge the sexism and class hierarchy that underlies the view of nursing as women's work, and therefore some-

how less important, we will never establish the structures necessary to have truly primary and preventive care.^{10, 11}

Nurses, whether operating as lone public health professionals in rural Red Cross offices or presenting position statements from large national professional organizations, have offered this country vision after vision, demonstration after demonstration, of what decent, affordable, and appropriate health care could be. Now the question becomes, will the public and the larger public health community find the rhetoric and political strategies necessary to implement these visions? □

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